

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FTO-876)							SERIAL NO.			
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							61			
2							62			
3							63			
4							64			
5							65			
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38							98			
39							99			
40							100			
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46										
47										
48										
49										
50										
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	4						TOTAL DEP.			
TOTAL CLAIMS	7						TOTAL CLAIMS			